Form No. 1

COMPLAINT State of West Virginia Public Service Commission Charleston

TYPE OR PRINT CLEARLY USING BLACK INK

Complainant (Mr./Mrs./Ms.) Whitesville Fire Department, Inc.	(your name)
PO BOX 145	(your name)
Whitesville, WV 25209	
(YOUR FULL MAILING ADDRESS IF DIFFERENT FROM YOUR PHYS	ICAL ADDRESS)
Boone (your county), your email:	
vs.	
Boone - Raleigh PSD	
defendant	
Whitesville Fire Denartment Inc.	
The petition of the above named Whitesville Fire Department, Inc. name), complainant, respectfully shows:	(you
I. That the above-named Boone - Raleigh PSD	(name of
defendant), is a public utility appared in the business of Water Service/Sewer Service	ce (state the utility
business of the defendant, i.e. gas, electric telephone, etc.)	(state the utility
at 32909 Coal River Road, Sylvester, WV 25193	(their address), in
the State of West Virginia, and as such is subject to the provisions of Chapter 24 West Virginia, 1931, as amended, and the provisions thereof applicable to said cla	and the same of th
2. That the said defendant has violated the laws of the State of West Virginia, gobusiness, in the following particulars, to-wit:	verning said public utility
(a) Here state concisely the matters complained of:	
Violation of West Virginia Code 16-13A-3A. Boone - Raleigh PSD has been unable	e to provide consistant
service resulting in a depletion of water storage, placing life and property in grave	danger in the event of
fire or emergency. Our Deparment has had raw sewage backing up into our station which is creating a health risk for our employees/members. Boone - Raleigh	PSD is aware of the
situation and has yet to fix the problem.	
(b) Here state the remedy you seek:	
Replacement of the current PDS Board of Directors, outside assistance with restor	ing service and sewer

11:08 AM FEB 08 2018 PSC EXEC SEC DIV

Wherefore, the complainant prays that the said defendant Boone - Raleigh PSD (defendant's name) be required to answer the charges herein above set out, and that, after due investigation, an order may be made commanding the said defendant to cease and desist from the wrongful conduct aforesaid, and for such other and further order as the Public Service Commission of West Virginia may deem necessary, reasonable and just in the premises. [Prayer may ask for the ascertainment of lawful rates of practices, and an order requiring the defendant to conform thereto.] 814 day of Dated this Signature of Complainant: Your Full Mailing PO BOX 145 Whitesville, WV 25209 Address: (Phone) (304) 550-4711 (Fax) (304) 854-1107 Your Email: (If you have an attorney, his/her name): Attorney's address: THIS FORM MUST BE NOTARIZED Subscribed and sworn before me this 8th day of February (Official signature and official seal of notary) Robert D. Staggers PO Box 16

[If Complainant is signing out-of-state, please use verification Form No. 12]

Please Note:

It is extremely important to inform the PSC of any changes to your contact information and promptly retrieve Certified Mail upon notification of such.

DO NOT WRITE ON BACK OF PAGES - attach an 8 1/2 x 11 sheet of paper